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TITLE: Merging the Prevention and Care Continuum in both Planning and Administration

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ISSUE: Many Locations have multiple and separate planning structures and administrative mechanisms for HIV prevention and HIV care services. Such separate structures that do not combine prevention and care into one continuum may not lend themselves to coordination of planning, service delivery, technical assistance, evaluation, and the advantage of potential economies of scale associated with combined processes.

SETTING: Local prevention and care planning setting and local grantees.

PROJECT: The Philadelphia Department of Public Health (PDPH) has created an integrated planning structure called the Philadelphia EMA HIV Commission, which has three arms: the Community Planning Group which does prevention planning; the Care Planning Committee which does planning for care services; and the Housing Committee which does planning for HOPWA funds. Fifty (50%) of each Committee serves on the overarching Commission, which coordinates and combines financial and human resources for planning activities. Additionally, PDPH has integrated its administration of care and prevention activities into one unified process, taking a holistic approach to the evaluation and service and technical assistance needs of organizations and the communities, which they serve.

RESULTS: Planning resources such as epidemiologic profiles, needs assessments, human resources, community forums, and input from racial/ethnic caucuses and other affected/infected communities have improved in quality and availability. In terms of grant administration: program monitoring, evaluation, technical assistance, and system-wide provider training and certification processes have all been set up to take holistic approach to the needs of providers and the communities they serve along the HIV prevention and care continuum. These activities have been expanded with provider and consumers input, and are currently being evaluated by both.

LESSONS LEARNED: For Philadelphia, approaching the planning and administration of HIV prevention and care services as a unified continuum and system has improved the quality and quantity of planning for these services, and ultimately the quality and quantity of the services themselves.

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